Application for Membership USA



OBLIGATION OF I.B.E.W.®

"I, the undersigned, in the presence of members of the International Brotherhood of Electrical Workers®, promise and agree to conform to and abide by the Constitution and laws of the I.B.E.W.® and its Local Unions. I will further the purposes for which the I.B.E.W.® is instituted. I will bear true allegiance to it and will not sacrifice its interest in any manner."

APPLICATION DATE (mm/dd/yyyy)	SIGN HERE			
	TO BE CICNED BY ADDITIONAL DIFACE DO NOT DOINT			
TO BE SIGNED BY APPLICANT - PLEASE DO NOT PRINT [PLEASE PRINT OR TYPE FULL NAME]				
☐ MR FIRST NAME ☐ MS ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
□ MRS				
LAST NAME	SR □IV			
ADDRESS (STREET & NUMBER)				
CITY	STATE ZIP CODE+4			
EMAIL ADDRESS				
DATE OF BIRTH (mm/dd/yyyy) DAT	E OF HIRE (mm/dd/yyyy) SOCIAL SECURITY NO.			
TELEPHONE NO.	PRESENT EMPLOYER			
CLASSIFICATION				
INDUSTRY WHERE YOU ARE EMPLOYED ☐ RAILROAD ☐ GOVERNMENT ☐ INSIDE CONSTRUCTION & MAINTENANCE ☐ OUTSIDE CONSTRUCTION & MAINTENANCE ☐ UTILITY ☐ TELECOMMUNICATIONS ☐ BROADCASTING	HOW DID YOU BECOME AN I.B.E.W.® MEMBER? [SELECT ONE] I WAS ORGANIZED I WAS ORGANIZED AS AN APPRENTICE I WAS SELECTED FOR AN APPRENTICESHIP I AM A NEW HIRE OTHER OTHER			
MANUFACTURING HAVE YOU EVER BEEN A MEMBER OF THE I.B.E.W.®? YES NO LOCAL UNION STATE IF SO, WHERE?	RACE* WHITE HISPANIC ORIGIN statistical purposes only, will be kept confidential, and will not be used for any purpose that would violate Title VII of the Civil Rights Act of 1964, as amended.			
EMPLOYEE NUMBER (IF APPLICABLE) INITIATION FEE PAID SAID \$2.00 PENSION APM FEES TYPES TO	\$. CARD NUMBER			
PAID \$2.00 PENSION ADM. FEE? YES NO NUMBER OF PAYMENTS APPLICATION Page 1 of 1				



Local Union#45 International Brotherhood of Electrical Workers Broadcast • Television • Recording Engineers

APPLICANT'S RECORD

	Date of Application//		
Name:		Employee ID_	
Address:	City/\$	/State/Zip:	
Phone Number(s): (_) Home#	()Cell	_
Email:			
Birth Date: (Month/Da		zen: YES NO	
Social Security Numb	oer:		
CurrentEmployer(s):	List all employers you have worked for that requi	uire I.B.E.W. membership (include TV station call lette	rs)
Job Title/Description		rator, Audio Tech., Editor, Stage Manager, Electronic	
Start Date:	(Month, Day & Year of your fi	first day of employment in I.B.E.W. juri	sdiction)
	Were you hired as (Please check all categories		
Staff Employee [Non-Staff/Freelance/Casual/ Em	nployee Temporary Employe	e
Full Time Part-t	Other:(Please descri	ribe your employment status)	
Wage Rate: \$(Please indicate hourly, daily		ed or Currently Working Per Week:_	
If "Yes" list the Local	Α	NO [] Are you still a member? Yes	П
(Labors Unions or Guilds yo	u currently or previously were affiliated with)	, <u> </u>	
If you are a membe	r of another I.B.E.W. Local pleas	se provide:	
CARD#	DUES PAID THROUGH DATE_	INITIATION DATE	
	Please make check or m	noney order payable to:	

Please make check or money order payable to Local Union #45, I.B.E.W 6350 Laurel Canyon Blvd, Suite 350 North Hollywood, CA 91606

Note: The required Initiation Fee must be returned with this form (Applicants Record) & completed Obligation of IBEW and W-9 forms.

FOR OFFICE USE ONLY
Amt Rec: \$_____
Bal. Due: \$_____

REV: 02/01/17

Dues Deduction Authorization

I hereby voluntarily authorize my Employer	, or its		
successors or assigns ("the Employer") to deduct from initiation fees fixed in accordance with the Bylaws of ("the Union") and the Constitution of the International amount as required by law, and to pay same to the Union.	Local Union 45 or its successors or assigns al Brotherhood of Electrical Workers, or such lesses		
This authorization shall be irrevocable for a period of one year from the date hereof or until termination date of the bargaining agreement between the Employer and the Union, whichever occasioner, without regard to whether I am a member of the Union during that period, and sautomatically renew and be irrevocable for successive periods of one year unless I give the Employer the Union written notice of revocation during the ten (10) day period prior to the anniversary of authorization or during the ten (10) day period beginning on the termination date of the agreem whichever comes first.			
I recognize that signing this authorization of payroll that my authorization, and the continuation of such applies regardless whether I am a union member.	± *		
I understand that under current law the payments contributions for federal income tax purpose	•		
Name (First M Last)	Signature		
Date mm/dd/yyyy	Dept.		
Form 66 05/20			

FOR UNION FILE WITH COPY TO EMPLOYER